



STATE OF MARYLAND

DMMH

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November 5, 2010

Public Health & Emergency Preparedness Bulletin: # 2010:43 **Reporting for the week ending 10/30/10 (MMWR Week #43)**

CURRENT HOMELAND SECURITY THREAT LEVELS

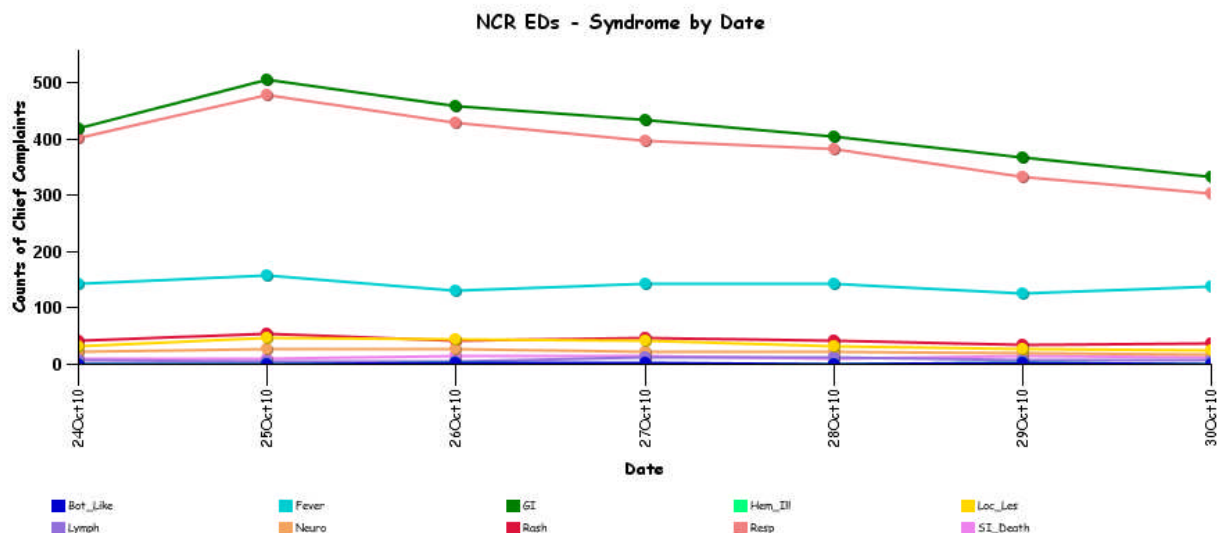
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

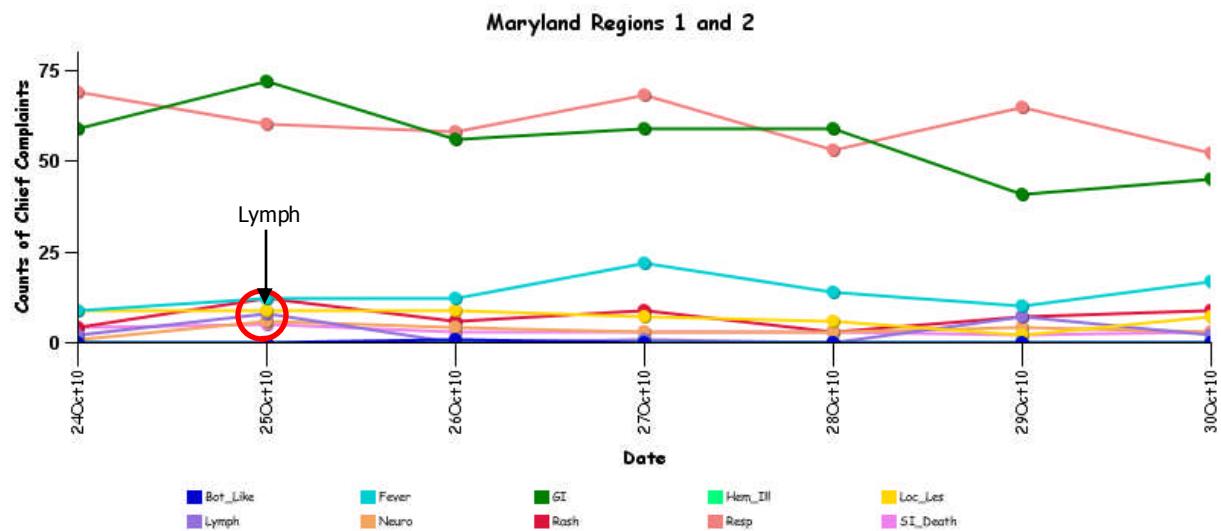
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

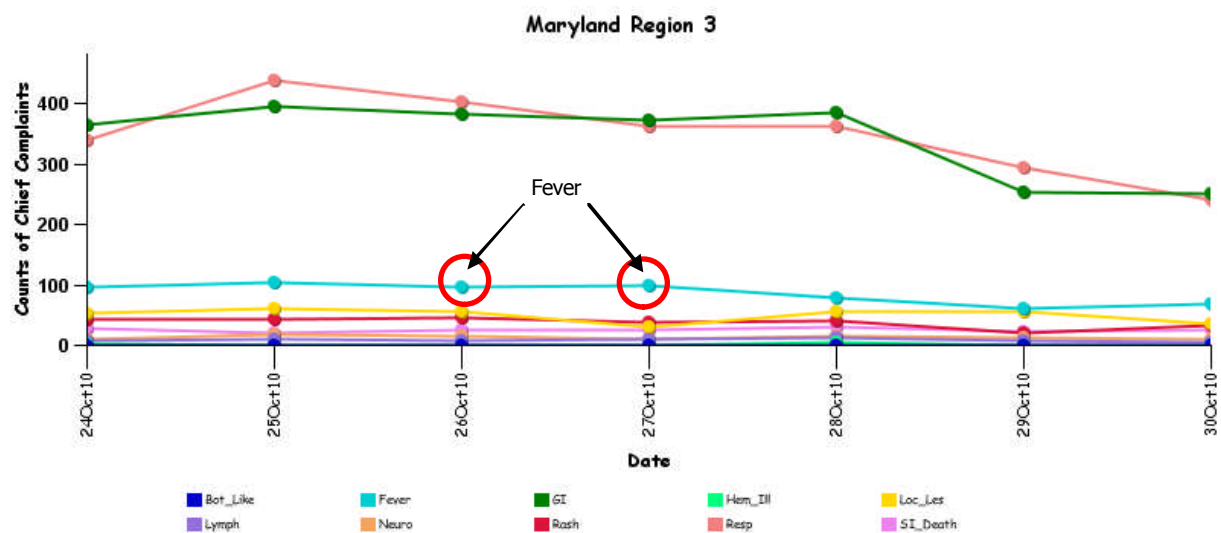


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

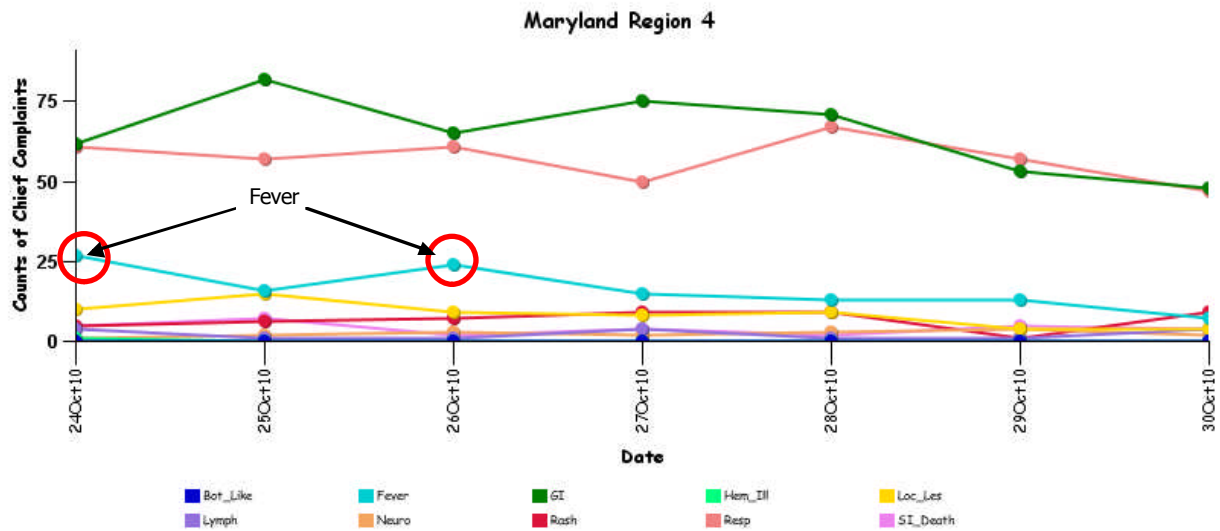
MARYLAND ESSENCE:



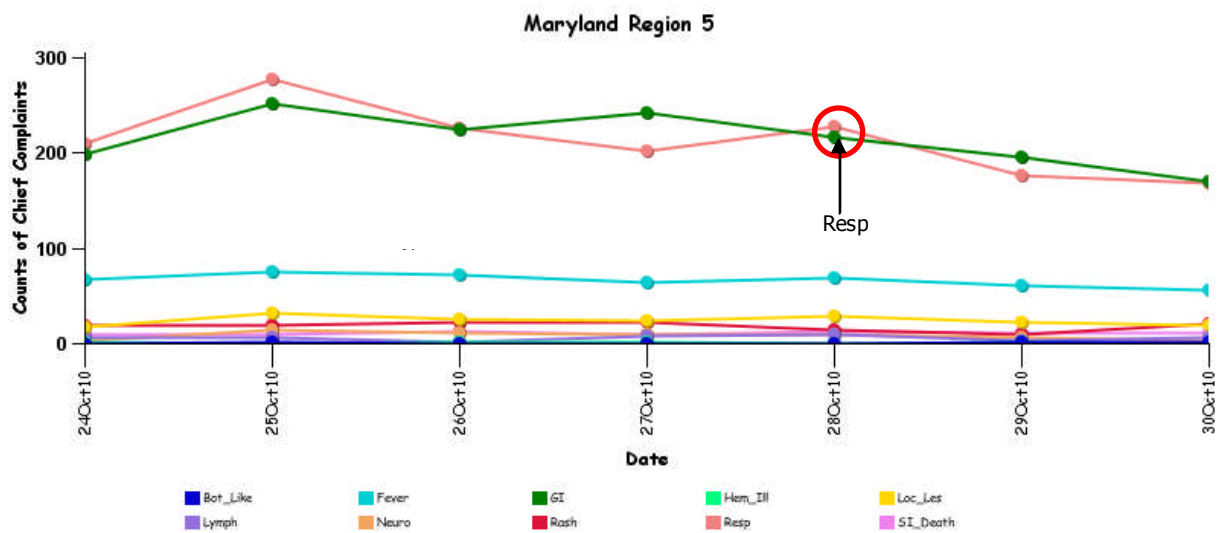
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

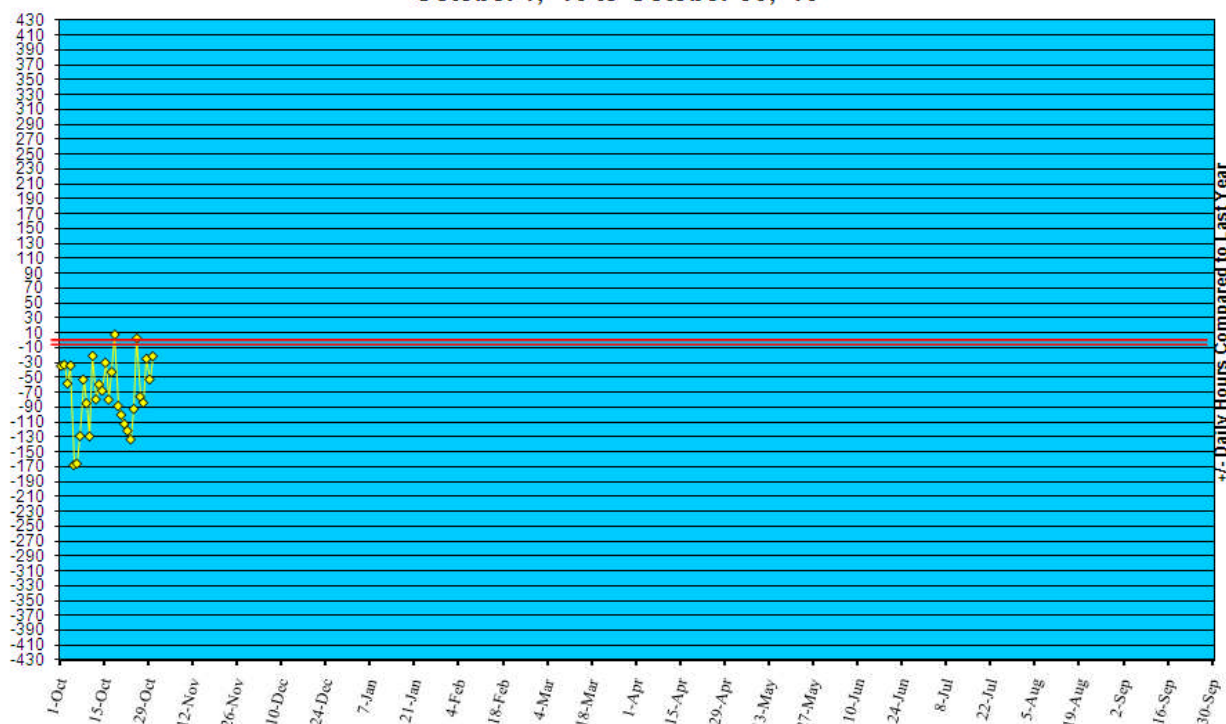


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/10.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '10 to October 30, '10



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in September 2010 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (October 24 – October 30):	15	0
Prior week (October 17 – October 23):	10	0
Week#43, 2009 (October 25 – October 31, 2009):	16	0

2 outbreaks were reported to DHMH during MMWR Week 43 (October 24 – October 30, 2010):

1 Gastroenteritis outbreak:

1 outbreak of GASTROENTERITIS in a Nursing Home

1 Rash illness outbreak:

1 outbreak of RASH ILLNESS in a Nursing Home

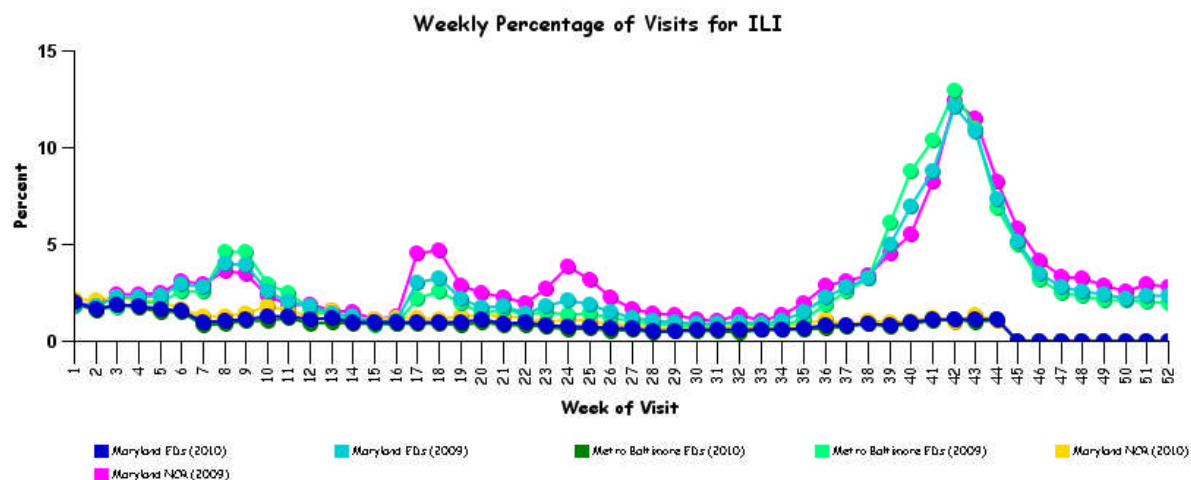
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity was sporadic for Week 43.

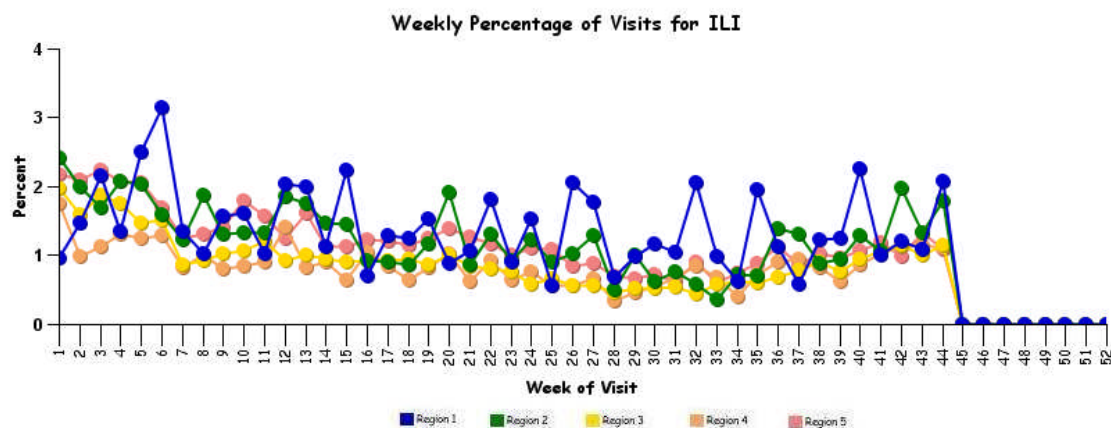
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



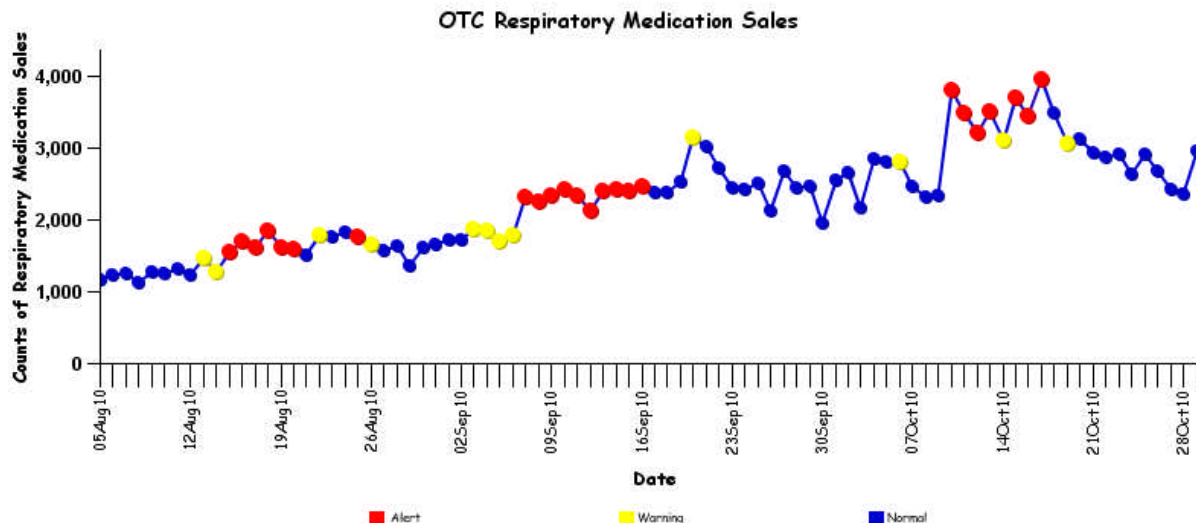
* Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of October 18, 2010, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 507, of which 302 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

NATIONAL DISEASE REPORTS

EASTERN EQUINE ENCEPHALITIS (NEW JERSEY): 29 Oct 2010, A 2-year-old horse in Monmouth County was euthanized on 6 Oct 2010 after coming down with eastern equine encephalitis, according to the New Jersey Department of Agriculture. The rare and serious mosquito-borne illness causes inflammation of the brain tissue and has a significantly higher risk of death in horses than West Nile virus infection, according to the New Jersey Department of Agriculture (NJDOA). New Jersey Secretary of Agriculture Douglas H. Fisher said in a press release about the incident that horse owners should contact their veterinarians to have their animals vaccinated against these illnesses. "The equine industry plays an important role in this state's economy and it's important to protect them from diseases spread by mosquitoes," Fisher said in the press release. The Monmouth County mare had not been vaccinated against this disease. Effective equine vaccines for eastern equine encephalitis and another mosquito-borne disease, West Nile virus, are available. Horse owners should contact their veterinarians now if their horses are not up to date on their vaccinations, according to the NJDOA. West Nile virus is a viral disease that affects horses' neurological systems. Horses contract the virus when infected mosquitoes bite them. The diseases cannot be spread from horse to horse or from an infected horse to humans or domestic pets, according to NJDOA. While the eastern equine encephalitis case is the 1st of 2010, there have been 2 reported cases of West Nile virus this year [2010], a 2-year-old mare from Atlantic County and a 22-year-old gelding from Gloucester County. Both were humanely euthanized, and neither was vaccinated for the disease, according to the NJDOA. In 2009, New Jersey had one case of equine West Nile virus, and 6 horses tested positive for eastern equine encephalitis. In 2008, there were no equine cases of either disease, according to the NJDOA. (Viral Encephalitis are listed in Category B on the CDC List of Critical Biological Agents)

*Non-suspect case

BOTULISM, DRIED SEAFOOD, RISK, RECALL (USA): 25 Oct 2010, Foremost Foods, International, Inc. of Pomona, California, is issuing a voluntary recall on certain Tomi brand dried seafood products because they have the potential to be contaminated with

Clostridium botulinum, a bacterium which can cause life-threatening illness or death. Consumers are warned not to use the product even if it does not look or smell spoiled. The products were manufactured by Kien Long Seafood Company Ltd. of Viet Nam. Botulism, a potentially fatal form of food poisoning, can cause the following symptoms: general weakness, dizziness, double-vision, and trouble with speaking or swallowing. Difficulty in breathing, weakness of other muscles, abdominal distension, and constipation may also be common symptoms. People experiencing these problems should seek immediate medical attention. These products were distributed in the States of California, Nevada, and Washington through Seafood City and Manila Seafood retail stores. This recall involves products sold between 23 Sep 2009 and 20 Oct 2010. The recall was initiated after it was discovered that the manufacturer of these products was not in compliance with US FDA food manufacturing standards. There have been no illnesses reported to date. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

HEMORRHAGIC FEVER WITH RENAL SYNDROME (RUSSIA): 29 Oct 2010, During the past week [18-24 Oct 2010] 17 cases of hemorrhagic fever with renal syndrome (HFRS) were recorded in the Republic of Tatarstan according to the regional office of Rospotrebnadzor [Federal Agency for Consumer Protection and Welfare]. Most of the cases were registered in Kazan [the capital of Tatarstan]. Some cases were recorded also in the city of Naberezhni Chelni, and the remainder in the districts [rayons] of Nizhnekamsk, Almetevski, Leninogorsk, and Sarmanovski. (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

UNDIAGNOSED FATAL ILLNESS (INDIA): 28 Oct 2010, On Wednesday [27 Oct 2010] 3 more people died in the Ramabai Nagar district. The death toll from the disease so far has reached 363 in the last 3 months of this strange fever outbreak that the health department could not control. DM Saroj Kumar Tiwari the district chief medical officer said that the village health team will be sending the facts with respect to deaths and disease and anti-larval spraying of DDT in the affected villages will be made. (Emerging Infectious Disease is listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

HEMORRHAGIC FEVER (PAKISTAN): 26 Oct 2010, As of Fri 15 Oct 2010, the IHR [International Health Regulations] National Focal Point, Ministry of Health (MoH), Pakistan, has notified WHO of 26 cases, including 3 deaths, of Crimean-Congo hemorrhagic fever (CCHF). Both CCHF and dengue fever are endemic in Pakistan with seasonal rise in cases. However, recently, the transmission of both CCHF and dengue fever has intensified in the country with increased incidence and geographic expansion. The recent floods in Pakistan may have contributed to this upsurge as a result of changes in risk factors for these diseases. The MoH has scaled up response activities to prevent and mitigate CCHF and dengue fever, including awareness-raising campaigns on exposure risks and preventive measures for the general public, strengthening clinical and case management of patients with hemorrhagic fevers, stockpiling appropriate drugs and personal protective equipment, and implementing targeted vector control activities. Upon request from the MoH in Pakistan, WHO is mobilizing experts in the clinical management of severe dengue fever and in infection control in health care settings through the Global Outbreak Alert and Response Network (GOARN). WHO is also assisting the country with resource mobilization, strengthening disease surveillance, laboratory diagnostics, and training of health care providers. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmm.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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